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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: priority theme: review of the first United Nations Decade for the Eradication of Poverty (1997-2006)

Statement submitted by International Union of Anthropological and Ethnological Sciences, Maryknoll Sisters of St. Dominic, Pax Christi International and UNANIMA International, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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Statement

The relationship of poverty and HIV/AIDS

In 2001, the UNGASS Declaration of Commitment on HIV/AIDS stated that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS. Little has changed in the last years. This statement continues to be validated many times over, particularly in those regions of the world with high rates of incidence.

In our work in the field we have seen the double-edged sword of poverty in the face of the pandemic. Persons living in poverty are demonstrably more vulnerable to the disease. At the same time, HIV/AIDS impoverishes societies, families and individuals and contributes to the weakening of nation states. The impact of the disease on economic and social life is well known: a dramatic decrease in life expectancy, loss of productive workers, health care professionals and teachers, decrease in per capita income, large numbers of impoverished elderly and orphans isolated and stigmatized, a society unable to assist them because of its limited resources. Widows from AIDS are particularly vulnerable. Together with their children, in many parts of the world they are not only deprived of material means but also of their civil and human rights due to traditions.

The impact on children – those called by UNICEF the "missing face of HIV/AIDS – has particularly dire effects: the loss of childhood for those who become full-time care-givers in the family and even prematurely heads of households, the lack of normal socialization and formation in life-skills, the cutting short or even deprivation of any formal schooling. In this regard, we point particularly to the situation of girl-children.

Recent statistics show that HIV infection rates are disproportionately higher in girls than in boys. Girls are more often the targets of violence and sexual exploitation in situations of conflict and in the home. In many countries, they are largely excluded from access to education that could assist them in protecting themselves. In addition, cultural norms and legal structures often leave them defenseless even when they know how to protect themselves.

We know that when the situations which allow such poverty are not addressed, poverty is often reproduced in subsequent generations.

Also well-known is the increased vulnerability to the disease of people living in poverty. Lack of education, nutrition, and decision-making ability has made women and children the most likely to incur new infections and unable to cope with the disease when it occurs. We have also seen that poverty motivates some to behave in ways which increase their risk of becoming infected as migrants, refugees or trafficked persons are often exploited sexually.[1]

[1] In *The Macroeconomics of HIV/AIDS*, ed. by Markus Haacker, (International Monetary Fund:2004), the details of the links between poverty and HIV/AIDS are well developed.

In these arguments we affirm that the pandemic is not only a health issue but affects all aspects of the social, economic and political life of the local communities and countries with high incidence of persons infected. Only by tracking the increased impoverishment that occurs because of AIDS in a holistic manner can the effective practices be identified and emulated.

At a time when increased terrorism has shifted the priorities of many states from development to military security, we reaffirm the statement of the Secretary-General in his report *In Larger Freedom*, "Not only are development, security and human rights all imperative, they reinforce each other." With this in mind, it is of ever greater importance that we make every effort to leverage this linkage by making a key element of our fight against the pandemic, a more determined effort to eliminate poverty particularly among peoples severely affected by AIDS.

We do know that the fight against AIDS is now globalized. Many resources have become available, yet those working directly with persons living with AIDS tell us they don't know where these funds are and how to access them. We also know that many countries with high incidence of AIDS have developed specific targets and indicators to fight the disease. For this reason, we are disappointed that the final outcome document of the September 2005 Summit did not contain such specificity although earlier versions of the document did.

Recommendations:

We recommend:

1. That, in order to increase the information about available resources and access to them, each entity that receives funding publish widely and transparently how much is available and how it can be accessed. Evidence indicates that in regions where this has been done, more of the resources actually reach a greater number of the persons for whom they are intended.

2. That Governments develop viable small neighborhood forums and network these structures to national and international networks to ensure the active and universal participation of children and youth in decision-making especially related to HIV/AIDS so that they develop the knowledge, skills and values necessary to become active agents of social change in their own communities.

3. That the commitments made in par. 57 of the Outcome Document of the High Level Summit of September 2005 be developed with specific, time-bound targets for all member states prior to the June 2006 UNGASS meeting on HIV/AIDS.

4. That a multi-sectoral approach be used to monitor the commitments made in the 2001 Declaration. Civil society, NGOs, including faith-based groups should be included in monitoring on all levels, especially the local level.

5. That efforts to reduce poverty among the most vulnerable populations affected by HIV/AIDS be scaled up significantly, particularly among the elderly, children orphaned because of the disease, widows, the indigenous, and girls and women at risk of being sexually exploited.

6. That the cycle of poverty for girls and women be broken by empowering the girl-child to develop her full potential through education and by the implementation of changes in the social, cultural, legal, political and economic systems that will free her from oppression and exploitation.

7. That attention be given to the education of all children and youth. In the case of boys, in particular, education should help make them more responsible and aware of the disease and of the consequences of their actions and aim to change those attitudes and beliefs (machismo, male control of family property, male control and ownership of family members) that have led to the systemic oppression, in most societies, of women and girls.

8. That in all countries culturally sensitive education for all stages of life be implemented to assist in HIV/AIDS prevention.

9. That paragraph 57 (d) of the World Summit 2005 Outcome Document (see General Assembly resolution 60/1), which states that countries commit to "enhanced access to affordable medicines", be implemented by encouraging them to use the section of the Doha Declaration which permits countries to declare a health emergency to make use of compulsory licensing or parallel imports for generic medicines, in order to prevent early death due to AIDS.

Note: The statement is supported by the following non-governmental organizations in consultative status with the Economic and Social Council: Dominican Leadership Conference, International Association of Charities, International Association of Schools of Social Work, International Presentation Association of the Sisters of the Presentation, Rotary International, Sisters of Mercy of the Americas, Sisters of Notre Dame de Namur, Society of Catholic Medical Missionaries, Soroptimist International and ZENAB for Women in Development.